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MARCH 20, 2026 | VOLUME 17 | ISSUE 7

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Ann Arbor can afford free bus fare, will they try it? **page 6**

VENDOR
NO. 680

MEET YOUR VENDOR: CHAUNCEY MILLIGAN

GROUNDCOVER 15

15 YEARS OF NEWS AND SOLUTIONS FROM THE GROUND UP | WASHTENAW COUNTY, MICH.

HEALTH EDITION

The everyday risks of street homelessness.
page 8

For Wrexha, her wound is more than an injury – it is proof of what people outside endure unseen.
Photo by Giles Classen, Denver VOICE.

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GROUNDCOVER NEWS

PROVIDING ECONOMIC OPPORTUNITIES FOR SELF-DETERMINED INDIVIDUALS IMPACTED BY POVERTY,
PRODUCING A STREET NEWSPAPER THAT GIVES A PLATFORM TO UNDERREPRESENTED VOICES IN WASHTENAW COUNTY,
PROMOTING AN ACTION TO BUILD A JUST, CARING AND INCLUSIVE SOCIETY.

Groundcover News, a 501(c)(3) organization, was founded in April 2010 as a means to empower low-income persons to make the transitions from homeless to housed, and from jobless to employed.

Vendors purchase each copy of our regular editions of Groundcover News at our office for 50 cents. This money goes towards production costs. Vendors work selling the paper on the street for $2, keeping all income and tips from each sale. Vendors are the main contributors to the paper, and are compensated to write and report.

Street papers like Groundcover News exist in cities all over the United States, as well as in more than 40 other countries, in an effort to raise awareness of the plight of homeless people and combat the increase in poverty. Our paper is a proud member of the International Network of Street Papers.

International Network of Street Papers

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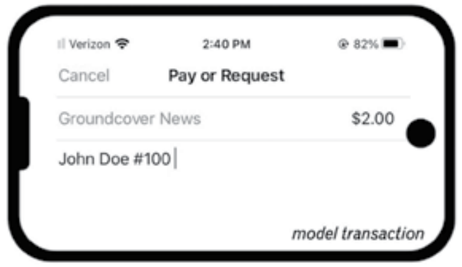

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SCAN TO WATCH A VIDEO ON HOW IT WORKS!

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WAYS TO SUPPORT

1. **Buy the paper, read the paper.**
2. **Get the word out** — We rely on grassroots marketing. Talk to people about Groundcover and share us with your network.
3. **Volunteer** — You'll learn a lot about our vendors, the newspaper and your community. Interested in volunteering regularly? Fill out the form on our website.
4. **Advertise** your company, organization, event or resource — see rates below.
5. **Follow us on Facebook and Instagram** — promote our posts and share your favorite articles and vendor interactions.
6. **Donate items** — A seasonally appropiate list of items most needed at our office and on the street is available on our website. Drop off anytime we're open.

GROUNDCOVER NEWS ADVERTISING RATES for one month

Size	Black/White	Color	Dimensions (W x H in inches)
1/8	$110.00	$150.00	5 X 3 or 2.5 X 6.5
1/6	$145.00	$200.00	5 X 4
1/4	$200.00	$265.00	5 X 6.25
1/2	$375.00	$500.00	5 X 13 or 10.25 X 6.5
full page	$650.00	$900.00	10.25 X 13

PACKAGE PRICING

Three Months/Six Issues: **15%** off
Six Months/Twelve Issues: **25%** off
Full Year/Twenty six Issues: **35%** off
Only run for two weeks/one issue: **40%** off
Additional **20%** discount for money saving coupons

MEET YOUR VENDOR

Chauncey Milligan, vendor No. 680

In one sentence, who are you? I am Chauncey Milligan, a go-getter and hard worker.

Where do you usually sell Groundcover? Cherry Republic.

When and why did you start selling Groundcover? July 2025. I wanted to stay busy and work on my people skills.

What is your favorite thing to do in Ann Arbor? Make money!

What is your favorite spot in Ann Arbor? Cherry Republic.

What words do you live by? You got to spend money to make money.

What is something about you that someone on the street wouldn't know? I make things fun.

What motivates you to work hard selling Groundcover News? Music.

What is your superpower? Mouth. (I'm talkative!)

What are you most likely to be famous for? Dancing.

Milligan is pictured above with Laura Slater, Groundcover vendor No. 682.

What would YOU ask?

If you have a question or issue you would like Groundcover vendors to discuss, email us at contact@groundcovernews.com

We will be featuring vendor responses in future issues.

My mental health service experiences

LA SHAWN COURTWRIGHT
Groundcover writer

Hello readers. In my experience, some people do not fully understand or grasp the concept of what mental health means. Mental health is the overall intention to maintain or establish wellness of the mind. Just because an individual receives services from a mental health organization does not mean that they are incompetent or that they do not have the same civil or human rights as others. As a matter of fact, an individual who receives mental health services has additional protections under the federal Disability Discrimination Act.

When I initially began seeking out a mental health provider, my symptoms were misdiagnosed. It is now clear that I have symptoms of PTSD due to compound traumas and abuses that I've endured and continue to experience. I'm sure that I'm not alone in this with the ever-increasing hardships going on in our community and places around the world today.

Unfortunately, due to that, I have had my rights violated numerous times over a 14-year period. I have also been forcibly dehumanized and injected with drugs that I am allergic to and that could have been fatal. I'd constantly been ignored by some of the workers of my former mental health team regarding my reports of these wrong-doings. I'm grateful that I survived these cruelties. I no longer receive services from that agency and never want to go to that hospital that subjected me to treatment that was not respectful or dignified health care.

One case manager tried to have me court-ordered to be injected with drugs that I'm allergic to and caused me to have a medical condition that I still have today. This case manager illegally shared and communicated with the doctor, and I ended up being held against my will and illegally for seven days. My carjacking happened only two months after purchasing my vehicle. I was taken to the psychiatric unit at one hospital for two days, then was transported to another psychiatric ward at Pontiac General Hospital where I was held against my will for an additional seven days before they released me. Thank GOD they got rid of that doctor who had done this to other female patients at the facility, too.

After nine days of captivity in the two hospitals, I was able to file a stolen car report in the hope that I would get my car back. My car and all of the possessions that I had during this ordeal were taken by people at a church that I won't name that I had attended that day. I did recover my car from the impound lot after about 13 days after the ordeal. It was discovered that after I had filed the stolen car report, my car had been parked across the street from the police station where I'd filed the report and it had been taken to the impound lot where I was able to recover it and all of its contents for about $225. Thanks to a friend giving me the extra $100 to do so — Thank you, David J.

I am not ordered to take mental health medications; I choose to take a certain drug to aid with sleep because I have bouts of insomnia sometimes. When I don't get sufficient steady rest of at least six to eight hours of sleep it can have effects on concentration, irritability levels and tolerance towards some things that I could otherwise reasonably cope with. I believe this to be true for any human being.

I have been judged and have had my medical information that was not accurate shared without an ROI (Release Of Information) in place. I once opted to participate in Mental Health Court due to misdemeanor charges for behaviors that were the direct result of being illegally injected with intravenous drugs, against the medical use standard of those drugs, and against my will and permission. Although Mental Health Court may be a better alternative for others, it was not for me. I had some struggles with some of the expectations of the Mental Health Court program and was sentenced to one year in jail for a misdemeanor with a recommended sentence of only 93 days.

Thank GOD once again, I only stayed in jail a little over four months due to taking in-jail classes and completing them, earning me an early release. Jail is not healthy for someone experiencing mental health issues. It is a punishment. You do not get the care you need and the jail may not prescribe and administer your medicine. And some of the ones that they will issue are crushed when they are meant to be a time-released medication, which violates the American Medical Association standards.

I'm not against Community Mental Health case managers, only those who grossly wrong or neglect the recipients. I have asked some of the providers if they know the rights of CMH recipients. You would be surprised how many providers do not or feign ignorance.

My advice to anyone that is looking to or currently receiving mental health services is that you should most importantly obtain a copy of the Community Mental Health Rights booklet for the state that you reside in; find out if you are entitled to a person-centered plan that should not make you feel disrespected, unsafe or undignified. Of course the staff are there for healthy intervention and suggestions that should improve your mental health, not contribute to deterioration of your mind's health. Some mental illnesses are a result of a brain disorder and do require continuing medical treatments.

I personally benefit from one-on-one therapy. There, I can talk about things that may otherwise be used against me in another setting. Due to my experience with betrayal like that, other than one therapist that I had, I don't trust that easily anymore. Thank you Megan S. I hope that you are finding your new area of expertise or practice satisfying. Out of all my experience with CMH and other therapists, I benefitted from your methods the most.

Mental health is an everyday duty. I'm determined to continue to improve and maintain my peace of mind. Thank you.

Powwow origins

KEN PARKS
Groundcover vendor No. 490

Many of us in Michigan as well as nationally know about the Dance for Mother Earth Powwow at Skyline High School in Ann Arbor. It's an annual event in March that brings many people together to celebrate our Mother and the indigenous caretakers who are still here. "Standing Rock" is a December 2021 article I wrote about the Thanksgiving 2016 convergence which was a tipping point for thousands who answered the call to protect the water of the Missouri River from the Keystone Pipeline that was designed to carry tar sands oil from Canada to the Gulf Coast refineries.

The Native American Student Association (NASA) at the University of Michigan, in partnership with the U-M Office of Academic and Multicultural Initiatives, is diligently working to make the 2026 powwow a success in the tradition of some 52 years of Dance for Mother Earth. The drumming circles are a miracle to behold and remind us that we are surrounded by the love of community that runs deeper than all the violence that distracts us.

NASA was founded in 1972 in the context of the American Indian Movement (AIM), which is famous for the occupation of Alcatraz. AIM began in Minneapolis to counter the police violence and tragedy of forced assimilation.

The largest mass execution in the United States took place in 1862 in Mankato, Minn., where a special scaffolding was built to hang 38 Dakota people, part of the punishment for the rebellion against starvation and broken treaties. It was after the U.S.-Dakota War of 1862. There is a regular memorial in Mankato to remember this tragic execution.

AIM is well known for the occupation of Pine Ridge Reservation and the armed conflict at Wounded Knee. There are still unresolved issues around murders and disappeared people and the actions of Cointelpro, which was a U.S. government operation targeting AIM and the Black Panther Party in particular. Books still need to be written on this. AIM quickly gained national and international recognition, which led to the United Nations Declaration of Indigenous Rights.

Language, stories and visual arts promote the culture which gives life to us all with a felt body sense of the earth under our feet. The last NASA event I attended was an excellent presentation by James Vukelich Kaagegaabaw, who carries Turtle Mountain nation heritage. The Seventh Generation and the Seven Grandfathers was an unsurpassable video art collage based on his book. It brought indigenous and world culture together in a good way and pointed out this precious treasury of humankind. NPR's "The World" recently focused on the art of indigenous people, especially from Brazil.

Now is the time to learn and share in the prophecies of the Seventh Generation. Mother Earth is smiling at the thought. I am looking forward to seeing you on March 28-29 at the powwow. Keep an eye on the Groundcover community calendar for details about it and similar events.

25 years of fancy shawl dancing – what the powwow means to me

CINDY GERE
Groundcover vendor No. 279

I was 19 when I first entered the Dance for Mother Earth Powwow held on the University of Michigan campus, that year at the sports coliseum. It is also known as the University of Michigan Powwow, hosted by the Native American Student Association. This was my very first powwow.

I was in total shock. I never experienced anything like it in my whole life. My friends took me to the powwow and it was there that I fell in love with the whirling and twirling ladies' fancy shawls. I was taken hook, line and sinker. This was what I wanted to do, and do it I did — for 25 years.

My adopted mom told me we had attended a powwow when I was around four or five. My mom recalled we (a mixed race family) were not received well; she told me that AIM (American Indian Movement) was big then. I had no idea what she was talking about at the time.

My tribe is from the far north of Canada deep in the woods of Whitehorse, British Columbia, in a very small village called Good Hope Lake. The nation is called Kaska Dena. We are of the Athabaskan speaking tribes and I am of the Wolf Clan from the far north end of the Rocky Mountains.

My tribe enjoys a game known as stick gambling which involves hiding items in hands, drumming, singing and guessing. Line dancing and traditional dancing for the seasons and life cycles of the subarctic are also popular pastimes.

I was told I was adopted with fetal alcohol syndrome spectrum disorder. All my life people had told me, "No you can't do ..." I saw the dancing at my Dance for Mother Earth Powwow and I felt like I was finally home for the first time in my life. This was where I saw people just like me and I could finally now be just native for the first time. I could dance with freedom to express myself for the first time — without judgment or prejudice. And being surrounded by other Native Americans — to me this was truly home.

I created my very first outfit we call 'regalia.' A new dancer can start from scratch. Many of the first pieces were from other dancers — the dance feather, leggings and the fan all came from others. My shawl was pointed in the back (most shawls were square). For me it was not about what I was wearing but the dance itself. Mike Dashner, the NASA director, became a good friend. He personally knew a top dancer and she showed me the ropes of fancy shawl. It was so much fun and I fell in love with fancy dance.

In 1993 I came out with a red, white and blue outfit with an eagle on the back of the shawl. I got comments and I got nasty looks. But as an adopted Native American who has had multiple disabilities, challenges and losses, I chose to take the high ground and dance to my own beat, to live life on the edge, and to reject the rejectors in my life. Just as I started to dance my set, back came the memory of when I was attending the Institute for American Indian Arts. I made the horrible mistake of running over some rubble. This tore my right foot up and I pulled the ligaments in my foot, costing me two years of no dancing at all. The Indian doctor at the Indian hospital told me in a negative tone, "You will be lucky if you walk, let alone run." For me this was a challenge: I was set to dance no matter what was in my way ... No one was going to tell me no, not now or ever, and with that I moved up north to Alaska, to the University at Fairbanks in central Alaska where I continued my education.

It was at the University of Alaska Fairbanks Powwow where I perfected my fancy dance in relative peace and harmony, without the harshness of competition looming over my head. For me powwow was always for fun, excitement and the love of the dance. My outfits got fancier and focused. I got selective with the competitions and I won at smaller powwows. I won second place five times and took third place eight times. As I got older, my dance changed, and so did my outfits. I loved my black, white and red outfit with a wolf theme, with wolf paws and my tribal patch and identity on it, being from the wolf clan.

My clan means so much to me. When I visited my great aunt she told me the clan system is what makes you Native — you're Kaska Dena Wolf Clan. She told me you can not be Native without a clan. It's what makes us belong to that nation. I asked her why. She said it's a blood line thing that keeps you of that tribe and that when clans mix it up, we lose who we are. So to her, without the clan you could not be native.

Clan defined your permanent position as a tribal member and Native American. Sad but true, many tribes have lost their clan positions as a way to destroy identity in a colonial-dominated erasure of tribal identity and land control. The blood line or breed card is the same way — I have this blood and you don't, or better yet, then we can take your land because you have too little clan blood and with that the rub-out continues. Land-taking destroys tribal identity and sovereignty. We are the only people who must have blood quantum cards. Also known as a tribal identification card, this reminds me of the Jews being identified by a number. Now what we've got is a number on our cards, the same kind of thing just in a different way. Just another way to erase us as

see **POWWOW** page 7 ➡

community **EVENTS**

FORBIDDEN WORDS POETRY WORKSHOP
Saturday, March 21, 11:30 a.m. - 1 p.m. AADL downtown 3rd floor, 343 S. 5th Ave. Ann Arbor. *Hosted by PoetTreeTown and Groundcover News, this workshop investigates the "black out poetry" form. Participants will explore the list of words banned by the current U.S. administration and challenge the idea of censorship by creating and sharing art and poetry with these "forbidden words."*

AAFF 2026 SCREENING: "FIND ONE WHO WAS NOT BORN OF WOMAN THAT ONE IS YOUR FATHER"
Wednesday, March 25, 9 p.m., Michigan Theater. *Ann Arbor Film Festival Feature in Competition; This film features mostly documentary shots of poor people, homeless people, and disabled people on the streets of Damascus, but it is not a social chronicle, nor a journalistic account of poverty. Groundcover is community partner org. Use code for $5 off your ticket.* **64AAFFGROUND**

52ND ANNUAL DANCE FOR MOTHER EARTH POWWOW
Saturday and Sunday, March 28-29, Skyline High School, 2552 N Maple Rd. Ann Arbor *The U-M Annual Dance for Mother Earth Powwow is one of the largest Powwows in the country hosting some of North America's greatest Native American singers, dancers, and artists. An opportunity to witness Native dance and drum contests, shop with Native artists and craftspeople, and dance alongside Natives of all ages and nations.*

CARAVAN FOR CUBA: MICHIGAN STOP
Saturday, March 28, 5-8 p.m. St. Luke's Episcopal Church, 120 N Huron St., Ypsilanti. *Michigan Action for Cuba Committee presents a screening of "Teresita's Dream" and a panel discussion as part of the national Caravans for Cuba campaign.*

INTENTIONAL ENTELECHY II: A WOMEN'S HISTORY MONTH HAPPY HOUR
Tuesday, March 31, 5-9 p.m. 309 S. Main St. Ann Arbor. *Art, music, conversation, featuring artists Betsy Valderama, Michael King Jr. Erika Cross, Constance McKinney, Kristen Hermanson Briegal.*

VISCERAL SOUP EMU MFA OPENING RECEPTION
Friday, April 3, 5-7 p.m. 22 North Gallery, 22 N Huron St, Ypsilanti. *A group exhibition featuring work by MFA students from Eastern Michigan University's School of Art & Design. The exhibition highlights work across multiple disciplines including painting, sculpture, ceramics, furniture, printmaking, and animation, reflecting the breadth of material investigation within the MFA program. Runs through April 14, 2026.*

REVOLUTIONARY FOOD GATHERING
Friday, April 10, 5-7 p.m. Ann Arbor Friends Meeting House, 1420 Hill St., Ann Arbor. *Potluck and discussion to discover who we are in relationship to our food, the earth and each other. Hosted by Groundcover News and Purslane Commons.*

WCC CONCERT BAND: SMALL ENSEMBLES
Sunday, April 12, 2 p.m. Washtenaw Community College Morris Lawrence Building Towsley Auditorium, 4800 Huron River Drive, Ann Arbor. *Join for a program of small ensembles — from duets and trios to 20-piece bands — playing a variety of musical genres. Light refreshments served.*

"WHO'S THERE?!" ARB DANCE PERFORMANCE
Saturday, April 18, 2 p.m. and 5:30 p.m. Nichols Arboretum, 1610 Washington Heights, Ann Arbor. *The Department of Dance at the U-M School of Music, Theatre & Dance and Ladina Schaller present "Who's There?!" This site-specific senior dance project consists of a walk through the Arb, along which the audience encounters a variety of characters, sights, sounds and scenes. The concert is around one hour long. Audience members are required to walk along Arboretum paths for the duration of the performance and are encouraged to dress for the weather and wear good shoes. This event is family-friendly and appropriate for all ages. Attendance is free, but RSVP is encouraged at this link:* tinyurl.com/yhr62hj8

Submit an event to be featured in the next edition:
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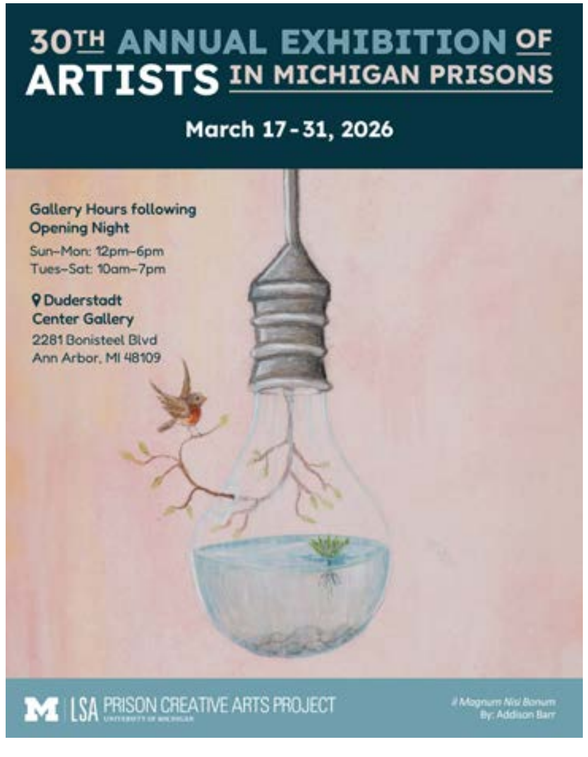


What's Happening at the Ann Arbor District Library

Open 10am–8pm Daily
Visit any of our five locations across town to browse books, magazines, newspapers, and more. Check out movies, CDs, art prints, musical instruments, or even home tools—you name it! Enjoy fast and free WiFi, study and meeting rooms, and plenty of comfortable spaces to relax or hang out.

Preschool Storytimes and Baby Playgroups
Join our storytellers on weekdays for fun songs, stories, puppets, and movement! Visit aadl.org/storytimes to view a list of upcoming in-person storytimes and playgroups. You can also stream and download our recorded storytimes online at AADL.TV.

Public Computers
The AADL has public-access Internet computers available for use by both cardholders and non-cardholders at all five locations. Each station has USB ports, headphone jacks, and some of the fastest WiFi speeds in town!

FEATURED EVENT

Saturday, April 18 • 11 AM–5 PM • Downtown Library
Come to Downtown Library for a pop-up record fair, with vendors selling used records and gear! DJs will be spinning vinyl while you check out the vendors, pick up a cool pinback button, or make one yourself! Check out the details at aadl.org/recordstoreday.

Ann Arbor can afford free bus fare, will they try it?

WAYNE S.
Groundcover vendor No. 615

SARAH HUBER
U-M student contributor

Offering fare-free bus service in American communities was a popular move to enhance public safety during the COVID pandemic and now it's an issue that is catching on across the nation.

Communities from New York City to Richmond, Va. to Omaha, Neb. are either considering or providing fare-free rides for some or all riders.

Ann Arbor's bus service, TheRide, offered fare-free service during COVID but has returned to collecting fares. With Ann Arbor reducing vehicle capacities on its roads (by adding bike lanes, for example) while encouraging rapid growth of housing units, the question becomes why not here?

In New York, Zohran Mamdani was elected mayor on a platform that includes fare-free buses, funded with a new tax on the ultra wealthy. The fate of the proposal is not clear but it has stimulated nationwide conversation. Richmond, by contrast, implemented fare-free rides during COVID and never went back.

"Zero fare is becoming a national topic," said Ashley Potter, communications manager with the Greater Richmond Transportation Company (GRTC).

In Richmond, bus fare income totaled $8 million a year pre-COVID, according to Potter. Backing out the $1.2 million cost of collecting and managing fares, the agency has pegged the cost of fare-free service at $6.8 million per year in a $108 million operation.

Corporate contributions, on-bus advertising and individual donations have combined to cover the cost of not charging fares, Potter said. "Without minimizing the money and its importance, it is a small portion of what needs to go into operating GRTC as a whole," she said.

With the end of COVID shutdowns, Richmond ridership has grown from 8 million riders in 2020 to more than 12 million last year. "People still needed transit," Potter said, "and not having to pay fare made all the difference."

Potter said the community has embraced the approach.

"People certainly have their opinions," she said, "but I wouldn't say there's been any opposition effort or group. We have the opposite — organizations that push for support for the community."

Ann Arbor Area Transit Authority CEO Matt Carpenter, in a statement provided to Groundcover, did not indicate support for moving toward fare-free service.

"At this time, AAATA is not considering a return to suspending fare collection that was temporarily implemented as a social distancing measure during the early months of the COVID pandemic," Carpenter said. "Losing this revenue would have unknown impacts on our services for the public."

AAATA anticipates $4.1 million in fare revenue this year, according to its approved budget. The Ride's total budget is more than $70 million and local property taxes, which voters agreed to increase in 2022, will tally more than $40 million this year.

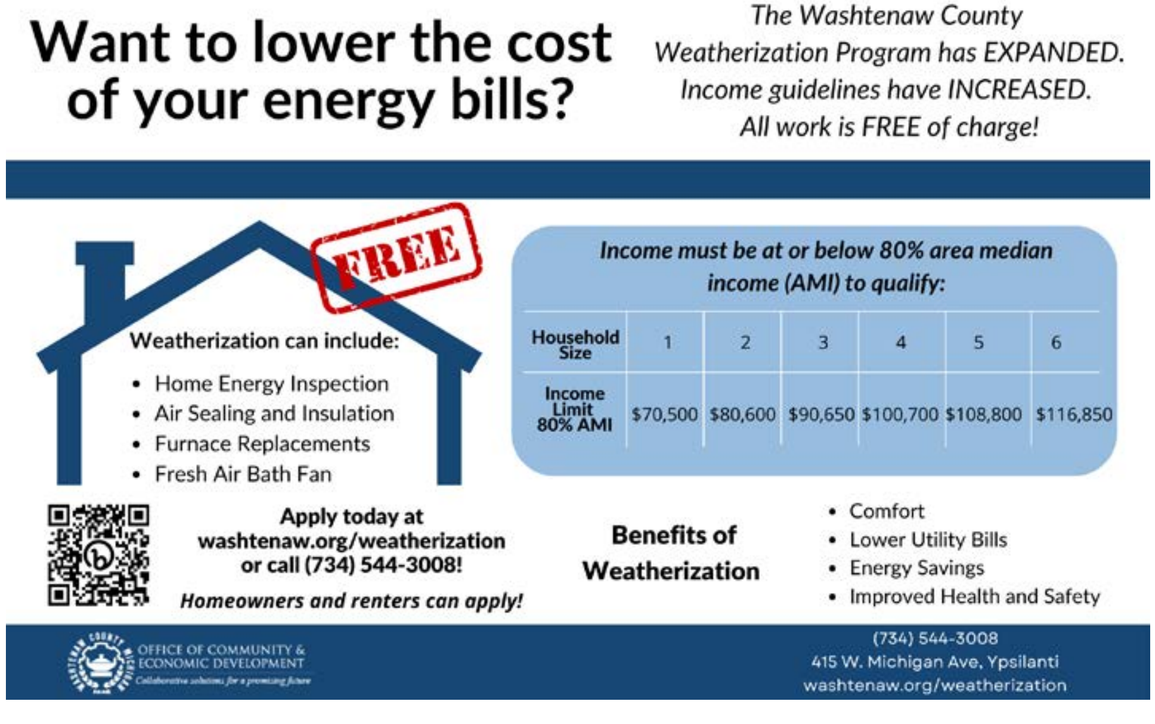
The notion that fare-free increases ridership would appear to align with TheRide's 2045 Long-Range Plan. The plan envisions a dramatic expansion of service, which includes more frequent buses, expanded weekend and evening routes and major investments in communities with lower access.

Ridership is projected to increase by as much as 150 to 165 percent by 2045. The plan also emphasizes equity. Service increases in low-opportunity areas are projected to grow even more. While the number of people using the system is expected to double, riders in Low and Very Low Opportunity indexes are predicted to see around 123% growth. These expansions are designed to improve access to employment, education and essential services. Ann Arbor clearly expects transit to play a larger role in daily life.

AAATA's ridership topped 7 million pre-COVID, but had only rebounded to 5 million through 2024, according to the agency's most recent Onboard Report.

Groundcover spoke with several AAATA drivers about the question of going fare-free. There was widespread support for the concept. Relieving the business of collecting fares would improve efficiency and ease relations with passengers, they said, especially through ending conflicts with people who lack bus fare.

AAATA CEO Carpenter pointed to several programs tailored to improve access to lower-income riders, such as the 50% discount offered through AAATA's Fare Deal program. (Such discount programs could be expanded or promoted more widely.) In addition, he said the agency plans a comprehensive fare study later this year, which may stimulate further conversation on the possibility of making changes to its fare structure.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Could there be a cure for Alzheimer's?

MIKE JONES
Groundcover vendor No. 113

Cuba's Ministry of Public Health does research, on top of operating a highly-regarded, state-run, universal and free healthcare system that achieves top-tier health indicators — such as high life expectancy and low infant mortality — comparable to developed nations. It focuses heavily on preventative care, community-based clinics, and a high doctor-to-patient ratio. However, the Cuban government faces challenges from a U.S.-led economic blockade that has led to shortage of medicine, and low pay for doctors.

Cuban scientist Dr. Teresita Rodríguez Obaya at the Center for Molecular Immunology (CIM) is developing a promising nasal spray drug that has shown potential to slow Alzheimer's progression and improve cognitive ability in trials. It is not currently classified as a "cure," but acts as a neuroprotective treatment. Dr. Obaya, the founder of CIM, has led this research, partly inspired by her own mother's battle with the disease.

Data from Cuban Phase 2 and 3 clinical trials indicated the intranasal drug (NeuralCIM or NeuroEPO) is safe and appears to significantly slow cognitive decline in patients with mild to moderate Alzheimer's disease. Some trial data even suggest symptom reversal in a percentage of patients, which is an extraordinary claim not typically seen with other available medications. It is a laboratory-engineered version of a naturally occurring protein which is believed to stop neural cells from dying, promote their growth, reduce inflammation and enhance communication mechanisms in the brain. The intranasal delivery is designed to bypass the blood-brain barrier effectively. Though the full methodology and raw data from the trials have not yet been widely shared or subject to rigorous peer review, leading to calls for larger international trials, the drug has been approved for use within Cuba's national health system. The results from the Cuban trials indicated that it is more impactful than current FDA-approved drugs. One U.S. physician who has accompanied patients to Cuba for the treatment reported "life-changing" impacts and described the trial results as "incredible."

While the published clinical data from Cuba is very encouraging and has led some experts and patients to seek access, the broader international medical community awaits independent, large-scale studies to fully validate the findings and potential of NeuroEPO.

All recorded data reports, as of late 2025, indicate the drug could change how the world treats Alzheimer's.

Alzheimer's facts

Alzheimer's disease is a progressive, irreversible brain disorder that destroys memory, thinking skills and eventually the ability to perform simple tasks. It should not be confused with other age-related cognitive decline disorders; it causes more severe symptoms. It is the seventh-leading cause of death in the U.S.

An estimated 7.2 million Americans age 65 and older are living with Alzheimer's dementia in 2025, making it a major public health concern. Approximately 200,000 to 203,000 people in Michigan are living with Alzheimer's. The disease affects approximately 1 in 9 people 65 and older, 11% in this age group, with an increase to 33.3% for those aged 85 and older.

Nearly two-thirds of Americans with Alzheimer's are women.

Nearly 12 million family members and unpaid caregivers provided 19.2 billion hours of care in 2024.

The United States population is aging rapidly, with over 10,000 adults turning 65 years of age daily according to AARP International. By 2030, 21% of Americans are predicted to be 65 years or older. The population will also become more diverse with projected increases among Black (13.3%–15%), Hispanics/Latinx (17.8%–27.5%) and Asian (5.7–9.1%) people by 2060 (Vespa et al., 2018). Conversely, there will also be a decrease in non-Hispanic white people (76.9%–68.0%).

Based on 2024–2025 research, dementia — including Alzheimer's disease — is significantly more prevalent among the homeless population in the United States compared to the general population, with a 6.81% prevalence rate found in a meta-analysis of studies.

Approved by the U.S. Food and Drug Administration in 2023 and 2024, respectively, Leqembi (lecanemab) and Kisunla (donanemab), are now being administered to thousands of people across the United States, and both have been shown to slow cognitive decline in people with early-stage Alzheimer's.

These leading U.S. Alzheimer's drugs are monoclonal antibodies that remove amyloid plaques, slowing cognitive decline by roughly 22-35% but with the risk of causing brain swelling/bleeding risks. They do not show signs of reversal. Conversely, Cuba's NeuralCIM (or NeuroEPO) targets brain cell protection and, in preliminary data, suggests stabilization or potential symptom reversal.

U.S. drugs are approved, high-cost options that modify disease progression by clearing plaques. The Cuban drug is an experimental, potentially disease-reversing approach focused on neuroprotection.

Resources for learning more about Alzheimer's disease

The Michigan Action For Cuba Committee invites Groundcover News readers to the movie screening "Teresita's Dream" at St Luke's Episcopal Church in Ypsilanti on March 28 at 5 p.m. The movie is about Dr. Obaya and her personal ambition, and the development of the promising nasal spray drug that has shown potential to slow Alzheimer's progression and improve cognitive ability discussed in this article. The Michigan Action For Cuba Committee is a part of The National Network On Cuba which is a U.S.-based umbrella organization composed of more than 60 organizations advocating for an end to Washington's hostility towards Cuba, especially the inhumane U.S. economic blockade against Cuba.

The University of Michigan has extensive, ongoing research on Alzheimer's disease through the Michigan Alzheimer's Disease Center, which offers over 20 active studies. Key initiatives include U-M Memory and Aging Project (a primary, long-term observational study on memory and aging); clinical trials (studies on new medications, neuroimaging, biomarkers and lifestyle interventions); and specialized care (research and treatment from the U-M Health Cognitive Disorders Program). Patients and volunteers can join studies, including the MiNDSet registry.

➡ **POWWOW** from page 4

our clan blood thins through mixed marriage. How many ways to erase us, count the ways.

My favorite fancy shawl was the AIM warrior shawl I created in 2003 as a tribute to the American Indian Movement. It was that year I attended the AIM Powwow at Pipestone National Park in Minnesota and gave a flesh offering for spirit. AIM has helped tribes across the nation achieve both awareness and outreach to inner city tribal members. AIM has been radical but AIM originally was, in fact, to help Native American Indians like me who had no connection to being Native because of adoption or forced relocation.

I joined AIM in Detroit from 2005 to 2009. For my last outfit, I chose to dance out with my favorite bird, the peacock. My last compeition dance was in 2014, when I was 45. But my dance is not over. I am now transitioning to traditional dance. I hope in two years I will become a jingle dancer. Native dance is always a work in progress and should always be done for the pure joy of dance; competition is just an added benefit. I never set out to be a competition dancer. Come to the 2026 powwow and watch me dance!

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Sunday Worship Time
10:00 am In-person and via Live Stream

Left: **Living unsheltered means that even a minor wound can become life-threatening. But Wrexha never thought that she was vulnerable to such a "crazy thing." "It scared me," she said.** Right: **Wrexha sleeps where she can. She sees herself as a protector of women on the streets and still has a seething hatred of bullies.** Photos by Giles Classen.

The everyday medical risks of street homelessness

GILES CLASSEN
Denver VOICE

When Teaya Wrexha woke up near Paco Sanchez Park, her thumb was already swollen to about the size of a squash. She dug into her thumb and began pulling out a bug that had burrowed deep into her flesh.

"I think it was a millipede, maybe a centipede," she said. "I was sleeping outside, and I woke up with my thumb burning. It was like the thing had gone inside. I squeezed it, and it hurt so bad. I thought I was gonna lose it."

Living unsheltered means that even a minor wound can become life-threatening. But Wrexha never thought that she was vulnerable to such a "crazy thing." "It scared me," she said. Wrexha tried to clean the wound with what she could find, but she did not have much to work with or any money. She had some antibiotics for dogs, so she took those, hoping that they would help. But her thumb continued to get bigger and bigger until she lay on the grass in agony, sometimes screaming in pain.

Wrexha is transgender but does not take hormones currently. "I found my own gender. I took it back," she said.

She added that it is difficult to access gender-affirming care while living on the streets, and she is not sure how her body would react to the treatment, so she is waiting until she is more stable before she explores her options.

"Why they tried to convince me I was a guy is the real mystery," she said. "Because I wasn't a normal guy, and I was bullied. Now I stand up to bullies."

Wrexha has been homeless since she was a teenager. She exhibited behavioral issues in school and struggled with ADHD and bullying. Ultimately, her father forced her to leave the family home.

Wrexha sleeps where she can. She sees herself as a protector of women on the streets and still has a seething hatred of bullies. But one insect bite had immobilized her in pain, barely able to stand.

The injury lingered, but Wrexha refused to go to Denver Health and refused transportation to other clinics. She said that she has learned to be independent and find a way in impossible circumstances. "I'm not going to Denver Health," she said. "They treat us like shit. I've had too many bad experiences there."

Wrexha did get access to bandages and treatment and said that she hoped that her hand would heal without needing to go to a hospital or clinic.

Most people understand that in the event of extreme weather, people living unsheltered on the streets are at risk. But, like Wrexha, many also experience dangers and traumas that are hard to imagine.

Dr. Sarah Axelrath, a primary care and addiction medicine physician with the Colorado Coalition for the Homeless, said that the reality is far more complex and dangerous. Working through Stout Street Health Center's clinics and street medicine teams, Axelrath treats people living outdoors across Denver. She describes a web of overlapping risks — medical, environmental and social — that most people living in housing never have to think about.

"People who are unsheltered have higher rates of both acute and chronic illnesses and injuries," she said. "We see a lot of acute injuries like accidental traumas, a lot of acute illnesses, like skin and soft tissue infections, and bad flus and pneumonias. And then we also see higher rates of pretty much every chronic medical condition you can name, including hypertension, diabetes, heart disease and cancers."

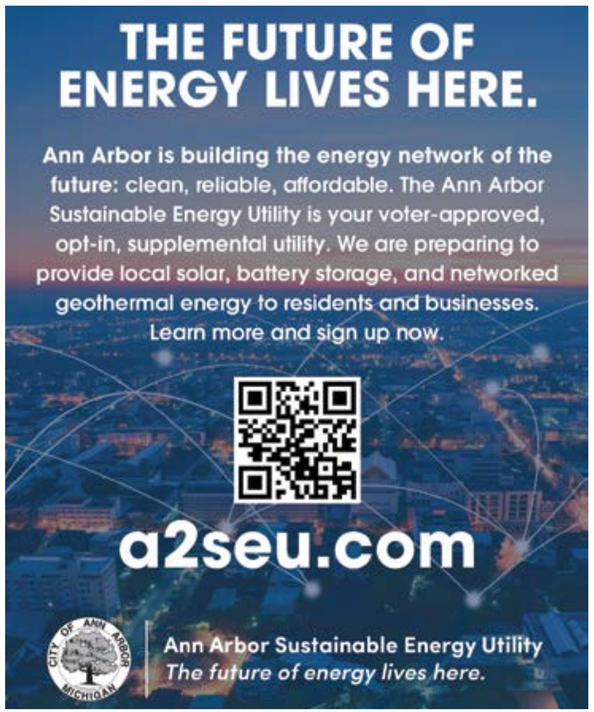
Environmental risks and more traditional medical conditions often coexist, she said, compounding suffering and making treatment uniquely challenging.

Even when someone living on the streets wants treatment, accessing care can be difficult. "When you are homeless and unsheltered on the streets, you can't just pick up and go to a doctor's appointment," Axelrath said. "They would have to potentially leave their tent unguarded with everything that they own inside. It's like walking out of your front door with the door unlocked and wide open, inviting somebody in to steal everything you own."

Barriers compound from there. Transportation and tracking appointment dates and times can be difficult when someone has few resources. And it is common for people experiencing homelessness to have deep trauma from past medical experiences, leading to distrust of medical institutions.

That fear and distrust, Axelrath said, is rooted in real harm. Many patients

see **STREET MEDICINE** page 12 ➡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Photos submitted by HVA.

Behind the siren: nonprofit Huron Valley Ambulance prevents and responds to emergencies

DAVID MITCHELL
Groundcover vendor No. 661

After I suffered an injury to my spine, the brave men and women of Huron Valley Ambulance played a significant role in my recovery. This article is dedicated to them. As a reporter for Groundcover News I am proud to showcase the tremendous contribution they make throughout Washtenaw County and beyond.

I recently had the honor to speak with Marc Breckenridge, Manager for Government and Media Relations for Huron Valley Ambulance. The following is an exclusive look inside HVA.

Marc, can you share with our readers about the history and growth of Huron Valley Ambulance? "On December 15, 1981, the Catherine McCauley Health Center (St. Joseph Mercy Hospital) purchased the assets of two failing private ambulance services, Fontana-Taylor and Emergency Specialties Services, to form a new nonprofit EMS provider called Huron Valley Ambulance. Over the following months, all five of Washtenaw County's hospitals would form a partnership to provide leadership and financial support to ensure HVA had a stable footing. Then, after two years, they created a community board of trustees and gifted HVA to the Washtenaw County community. HVA continues to operate under this community-owned system of governance today.

"Huron Valley Ambulance began with 47 employees. HVA inherited 10 ambulances and several stations across the county, every one of them needing repairs. But the employees were motivated and before long HVA began to grow in staff, call volume, ambulances, capability and reputation.

"Today, HVA has 325 licensed and support personnel and 58 ambulances with a call volume that has almost quadrupled since its inception 44 years ago."

Paul Hood, HVA's Chief Operating Officer, frequently proclaims just how proud he feels of the organization's exceptional progress over the last 44 years. "Thinking back, I believe that there were three significant milestones in HVA's professional development." Paul said. "When we began providing Critical Care transportation (MICU or Mobile Intensive Care Units) was the first. Becoming one of the first EMS providers in the nation to gain national accreditation by both the Commission on Accreditation of Ambulance Services and the Commission on Accreditation of Allied Health Education Programs was the second. After achieving both of those milestones, we found ourselves well positioned for our most recent milestone, providing Washtenaw County citizens with Community Paramedicine services."

Paul added, "Putting all that aside, we really do take a lot of pride in the many collaborative partnerships that we've formed over the last forty years. But it's important to recognize that our people, all the members of HVA's team, are at the heart of what we do. I know we have the most hardworking, compassionate and cerebral staff, who are not only able to accept change, but drive it."

I am so inspired by this great organization that I am in the process of starting a medical outreach service called Ypsi Medic One. To help guide me in this process, I asked Marc to give us a look at the ongoing work being done in our community, schools and any other outreach programs.

"HVA's outreach initiatives are centered on community education and prevention. While these programs help the public better understand the role of EMS in the community, they also equip individuals with the knowledge and skills to prevent injury and illness, respond confidently in emergencies, and ultimately improve the overall health and safety of the communities we serve.

"HVA works closely with community partners to expand the reach and impact of our education efforts. We collaborate with nonprofit organizations — including churches, libraries, health centers and community action groups — to provide CPR and First Aid training throughout the community.

"We also host Scout Days, where local scout groups tour our stations, visit our dispatch center, explore an ambulance, learn about EMS careers and gain hands-on lifesaving skills as they work toward First Aid badges."

Marc went on to say, "In partnership with the American Heart Association, we organize cardiac arrest response drills to help nonprofit organizations meet CPR training grant requirements and strengthen their emergency preparedness. We also support initiatives aimed at improving cardiac arrest survival rates, including collaborations with programs such as Save MI Heart and MI Heart Safe Home.

"Through these combined efforts, HVA is committed not only to responding to emergencies, but to empowering the community to prevent them and act when seconds matter most."

Marc then spoke about specific school programs. "We provide age-appropriate education and training across all grade levels. For elementary schools, we facilitate participation in programs such as Safety Towns, Community Helper Week, STEM Career Days and Hero Reading Week. These events help young students understand what to do in an emergency, when and how to call 911, and the role EMS professionals play in helping people. For middle school, high school and college, we provide Hands-On CPR and AED classes, Heartsaver® K–12 CPR/AED certification courses (plus a First Aid option), and BLS (Basic Life Support) certification courses for students in healthcare career tracks. For educators and school staff, there are Heartsaver® K–12 CPR, Automated External Defibrillator (AED) and First Aid training to ensure teachers and staff are prepared to respond to medical emergencies in the school setting."

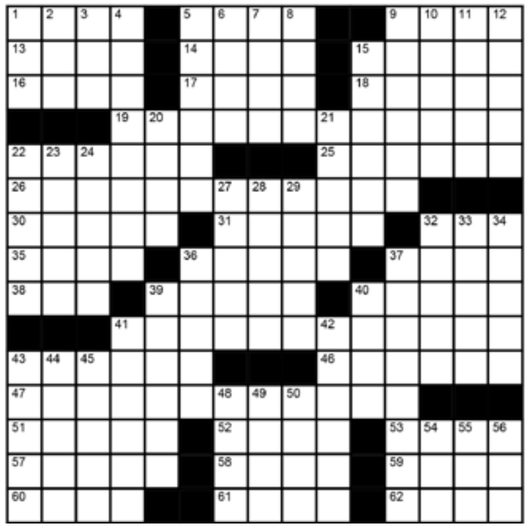
I then asked Marc to share how members of the community can join HVA.

"HVA has an apprentice-style work and training program that is 16 weeks in length. The students are full time employees during the course and receive high quality training to prepare them as Emergency Medical Technicians (EMTs) to work on Basic Life Support ambulances," Marc replied.

I wish to thank Marc Breckenridge for his time and professionalism. Should you desire additional information, visit the Huron Valley Ambulance website at www.emergenthealth.org/hva.

CROSSWORD

International Network of Street Papers



ACROSS
1. Brit's "Baloney!"
5. "___ Like the Wind" ("Dirty Dancing" ballad)
9. Scoundrels
13. "I had no ___!"
14. "Catch!"
15. Police club used in India
16. ___ oil (skin care substance)
17. "___ of Eden"
18. Knight's "suit"
19. Tongue-tied
22. Composer Gustav
25. Hunk
26. Greek who measured the Earth's circumference
30. English county
31. Twisted
32. Busy one in Apr.
35. Soon, to a bard
36. How some things are remembered
37. Guard's target
38. Where the French might take a dip
39. Cliffside dwelling
40. Taste, e.g.
41. Oaks Park patron
43. Pattinson or Redford
46. Servant's uniform
47. Grumpiness
51. Jungle climber
52. Aerial maneuver
53. Indian dress
57. Carpenter's tool
58. Palindromic emperor
59. It might be oral or physical
60. Winter vehicle
61. Make up ground, with "on"
62. Fill-in

DOWN
1. Sn on the periodic table
2. Words of praise
3. "Comprende?"
4. Popular Broadway musical
5. Clippers
6. Try, as a case
7. At one time, at one time
8. Org. looking for aliens
9. Guitarist Santana
10. Hindu soul
11. Hindu loincloth
12. Begets
15. Acclaimed
20. Gas used in ads
21. Shrewd
22. Cross, maybe
23. "Gladiator" setting
24. Devastation
27. Spin
28. Dawg
29. Famous 18th-century Swiss mathematician
32. Short story
33. Tough question
34. Imitation
36. Atlanta-based airline
37. Portly
39. From the heart?
40. "Saturday Night Live" segment
41. Curbed, with "in"
42. Loafer, e.g.
43. Small streams
44. Bay window
45. Plucky
48. Place to post
49. Bit
50. Money of Lesotho
54. Can
55. Battering device
56. Mischievous one

Sudoku ★★★★☆☆ 4puz.com

9	5		2			1		
4	7	1	6					
3			4					
2	9	7						6
5								1
8						4	2	5
					4			9
					6	2	7	3
		2			3		1	4

Fill in the squares so that each row, column, and 3-by-3 box contain the numbers 1 through 9.

PUZZLE SOLUTIONS *March 6, 2026 edition*

4	6	1	5	7	8	2	3	9
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2	4	8	3	1	5	9	6	7
9	1	6	7	4	2	3	5	8
7	5	3	8	9	6	4	1	2

from the ARCHIVES

To vaccinate, or not to vaccinate ...

JAZ BRENNAN
Groundcover contributor

On Monday, December 14, 2020, trucks packed with a newly approved COVID-19 vaccine rolled into cities and towns to set up shop for distribution. A highly anticipated event, as by December, over 1.6 million people had perished from the disease, more than 300,000 of those in the United States alone.

The vaccine was furiously sought by many labs and drug companies. In the end, two took the lead: Moderna and Pfizer. Both vaccines are mRNA derived, which is different and new from what we have seen of vaccines previously. Instead of using small amounts of non-viable virus, mRNA enters into the cells and produces the viral protein spike which allows the body to recognize it as an intruder and produce antibodies to defeat it. Plainly put, mRNA acts as a blueprint for our immune system to fight back.

Both Moderna and Pfizer report seeing 95% efficacy in preventing illness and complications. Although a small number of vaccinated people still became infected with coronavirus, only one was more than a minor case, suggesting that the vaccines are close to perfect in preventing serious illness from COVID-19. However, vaccines are only effective if you can convince people to take them. As the rollout amps up, so does the variance in people's willingness to be inoculated.

There are two obvious camps here: 'yes, I will take it' and 'no, get that thing away from me.' Within each reaction, there's a spectrum of reasons why and how people are making their decisions.

According to Groundcover News volunteer Jon MacDonagh-Dumler, it's all about the science. "We have to believe in science," said MacDonagh-Dumler. "We must have hope — I feel [the vaccine] is a good idea and it's going to help."

This is not an uncommon phrase heard from proponents of the vaccination. Many are choosing to believe officials who advocate for the safety and effectiveness of the COVID vaccine.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Disease, has striven to strengthen the confidence of those waffling with the decision. Misinformation and divisive rhetoric has left some worrying that they don't have enough facts to make the right decision. Still some choose the shot and are relieved to have the protection it confers.

"It's like a car," stated community member Lisa Gizzi. "I don't know how any of that works, but I trust the mechanics who do."

It seems reasonable to have trust in a system that has been growing and evolving over many years, developing some of the most impressive medical advances seen throughout our history. However, history may just be the reason others refuse.

"The vaccine is bullshit," said Groundcover vendor, Joe Woods. "Maybe it'd be good if it was done right, but this is a money scheme from the government — you never know what they're putting in it."

"I'm not getting that shot!" exclaimed Groundcover vendor Gary Robinson. "I don't want to be tracked or nothing. I just don't worry about it, that'll only cause more problems."

These statements may seem hyperbolic, however, medicine has a sour history of exploiting communities of color in the name of medical progress.

Many are aware of the Tuskegee study where over the period of 40 years the United States Public Health Service falsely treated 600 impoverished Black men diagnosed with syphilis. The goal of this violation was to study the effects and progression of the untreated disease.

Perhaps not as commonly discussed is the long standing medical mistreatment of the Black community. Forced sterilizations, historic inequity of healthcare access and resources, as well as the use of Black bodies for medical experimentation are just the tip of the iceberg of structural medical violence that communities of color have faced.

Others take issue not with what's in the vaccine, but who gets what out of it. Another vendor, Derek Allen, noted his concern about the quick turn around of the product.

"It's a setup. [The government] made the virus and spread it so they could sell the vaccine. It's all for the money." In a time where capitalism is being called into question, the concept of the vaccine being just another financial swindle isn't too far outside the realm of possibility.

Others still declare concerns of the long term effects.

Groundcover vendor Larzell Washington makes it clear that he is not planning to take the vaccine. Washington reports hearing too many mixed messages regarding the potential for problems from the vaccine down the road.

"If it ain't broke, don't fix it," concludes Washington.

Groundcover publisher Susan Beckett admitted to an earlier reluctance to being one of the first to take the vaccine because of its foreshortened approval process and new technology, However, as she learned more, that ambivalence has changed to an eagerness to get vaccinated.

"Once I learned that the vaccine essentially introduces my immune system to a geometric shape associated with the coronavirus without actually changing my RNA or exposing me to live virus, I was reassured on that front. And when I learned that the expedited approval process was not from cutting corners but from deliberate efficiency, I was convinced."

The efficiencies Beckett refers to are:

1. The mRNA technology, which has been in development for 10 years, allowed the usual years-long trial and error vaccine development to occur in two weeks once China shared the genome sequencing for COVID-19 in late winter;

2. The testing phase reached the statistically significant stage much faster than normal because COVID-19 was spreading at such a rapid rate throughout the population.

3. With funding from governments and philanthropists such as the Gates Foundation, pharmaceutical companies began building the manufacturing facilities for the most promising vaccines very early in the process instead of waiting for FDA approval

$2
MEET YOUR VENDOR: LARZELL WASHINGTON, PAGE 3
GROUNDCOVER
NEWS AND SOLUTIONS FROM THE GROUND UP | WASHTENAW COUNTY, MICH.
Me and GCN

like they usually do.

While the long term effects of COVID-19 have yet to be realized, they may be worse than the struggle to overcome the initial infection. There have been reports of chronic health conditions as the virus viciously attacks the lungs, heart and brain. Enduring fatigue and joint pain are the most common, but heart defects and permanent brain fog are also being reported. And the new, more infectious and possibly more deadly strain that has made its way to Washtenaw County increases the likelihood of infection.

When it comes to the vaccine, there are several reasons people choose one way or the other. No one knows what long-term effects there might be from the vaccine, though past vaccines have proven safe. A small number of people with allergies or autoimmune conditions might have adverse reactions to the vaccine. But the vaccine will ensure that nearly all who take it will be spared the battle to overcome COVID-19 and its long-term damage to their bodies. Vaccination holds the hope of a return to indoor dining and hugging loved ones.

We don't have all the answers, which can make it difficult to decide. Meanwhile, wearing masks and keeping our distance have been shown to reduce the spread. Hope, health and being heard is all we can ask for as we work to battle this new age pandemic.

Originally published in the February 2021 edition of Groundcover News.

Health concerns for unhoused populations

RACHAEL LANIER
Groundcover vendor No. 695

One of the bigger concerns for unhoused populations is health, both mental and physical. For physical health, the most common diagnoses were high blood pressure, high cholesterol and diabetes. Despite these being so common and all the medicines available to treat these diagnoses, unhoused people find it difficult to begin or continue treatment. Either the state benefits are denied and so all the costs of doctor's visits and medicine has to come out of pocket, or doctors barely examine the patient as they are stigmatized or stereotyped and thus their concerns are dismissed.

I know for myself. I don't try to stay in a state where being unhoused will continue for me past a certain timeframe. If I feel like I cannot make my life better in the state I am in, or the opportunities are slim, I try to leave that state and move on to the next.

North Dakota, for instance, denied my application for state assistance five times. For three of those applications I was in a shelter with no income. I spent eleven months searching for gainful employment, only to find it didn't exist. Much of the population of Fargo ran a tax-exempt nonprofit food pantry in their backyard of generally less-desirable food like boxed macaroni. These people couldn't feed their own residents, let alone homeless and unemployed people from out of state, most of whom only travelled to Fargo because of rumors of open employment. Rumors they were, indeed. So, it makes sense there weren't any jobs available and the locals found a loophole for food at least. So, moving out of North Dakota was the only option for me. Still with no meds or with any scheduling for counselling.

Being unhoused and unemployed often leads to lack of access to healthcare, medicines and counseling or therapy. I also have experienced where doctors have prescribed medicines that are almost impossible to continue taking, because either homeless people cannot stay in that state long-term or were denied benefits that would have paid for those medicines.

Or, in many cases, because the physicians themselves either minimized, discounted or dismissed the concerns of the homeless entirely if they were not psych-related or led to a study they could get paid to conduct. For instance, if an organization you are referred to for medications will only focus on psych meds instead of medically necessary medicines like heart meds and diabetes medicines, you as an unhoused person are in a predicament. Can't take an antidepressant if you have a heart attack or go into a sugar coma. But what do I know? I didn't take eight years of college.

Can we as unhoused find alternatives? Absolutely. Service animals and farmers markets are examples. I'd rather have a dog or a cat than an antidepressant. I'd rather have fresh fruits and vegetables than anything else, but denial of food programs and lack of access to a stove or refrigerator make eating healthy almost impossible. A service animal would be just as miserable as me with no yard to run around or a home to keep safe in at night. The Farmers Market here in Ann Arbor has recently drawn my attention as they have a mushroom dealer. That's right. A Shroom dealer. I'm so excited. And dandelion greens with a sunflower dressing sounds so springish to me. There are more options at the market that Michigan recognizes, and I'm impressed to say the least. Thank you to our USDA offices here in the state for recognizing the need for healthier food options and granting us access to support local businesses as unhoused persons through their SNAP (Supplemental Nutrition Assistance, formerly called "food stamps"). There's information on the MIBridges website about the Double Up Food Bucks Program and our Farmers Market does participate; you just have to visit Tyler and Jade in the market office for those tokens.

Unhoused populations have a high rate of depression, anxiety, PTSD, schizophrenia and psychosis. I just recently came across a man at the Delonis shelter who told me the most amazing story about how he was actually Eminem's father, and how as a fetus, Eminem was transferred to another womb to help him have a better mother. I don't know much about biology, but that sounds like a concept for a sci-fi movie. If you don't already know what psychosis is, please Google it and prepare yourself. Not having a house or a stable place to stay makes feeling safe and hopeful, or just processing reality, almost impossible. Depression especially, from what I have observed in the shelters and on the streets, is a direct result of the environment. If we as unhoused persons can fix our environment, we can reasonably deal with our mental health.

Addictions are also a contributing factor in mental health. Finding rehab programs in churches may not be as difficult as finding an actual facility, but whatever is available at the time of need is usually what gets the most attention.

If you find yourself in need of these services, ask the program managers what their rate of recidivism is for a 12-month period. How many times do they get repeat customers? That'll tell you if that program works or not.

Willpower has a lot to do with conquering addictions, but again, requires the help of the surrounding community. Other people getting involved should help and not hinder the recovery process. Not having access to the person's drug of choice, counseling, even medications can determine if recovery is possible and sustainable.

➡ **STREET MEDICINE** from page 8

have been stigmatized or dismissed in emergency rooms and clinics, leaving them wary of returning even when their lives depend on it.

For those who live outdoors year-round, the environment itself can also be deadly. "We see a lot of frostbite in the winter, which leads to amputations and lifelong disability," Axelrath said. "Then we see the opposite in the summer: heat stroke and heat exhaustion."

People are also struck by cars or scooters, attacked or fall ill from pollution and environmental hazards. "We see a lot of skin and soft tissue infections just because they don't always have reliable access to basic hygiene," Axelrath said. "It doesn't take that much for something that starts as a mild infection to progress to something pretty bad."

Respiratory illness is another recurring issue. "They're inhaling smoke and exhaust fumes and staying in industrial areas [where they are less likely to be noticed] with dust or other chemicals," Axelrath said.

Physical dangers often lead to emotional trauma, and the trauma itself feeds back into homelessness. One of the most misunderstood aspects of life on the streets, Axelrath said, is how trauma and fear can drive substance use. "Substance use as a cause of homelessness is not even in the top three," she said. "The top causes are housing instability, unaffordability and unemployment."

But once people are on the streets, drug use often becomes a coping mechanism for extreme circumstances, Axelrath said. "Many people who are homeless did not use meth before they became homeless. They end up using meth during homelessness because they are trying to stay awake at night so they can be safe and not feel so vulnerable."

That survival strategy can quickly trap people in a cycle of exhaustion and addiction. "There's nowhere safe for them to sleep during the day," she said, "so sometimes they use opiates to come down and try to get a little sleep. If they can't, they use more meth to stay awake, and they get trapped in this cycle of profound sleep deprivation and escalating substance use."

Traditional healthcare systems are rarely equipped to meet those realities. Many patients turn to emergency rooms, which provide only short-term solutions.

Street medicine and integrated outreach models are growing, Axelrath said, driven by younger healthcare workers eager to serve outside of traditional clinics. That gives her hope. "We could work anywhere else, but we all work here by choice because we think it's important and we really like doing it. That inspires me every day."

For Axelrath, the goal is simple but urgent: meet people where they are, literally and emotionally, before the system fails them entirely.

Despite the agony of Wrexha's injury, she insists that she has seen much worse on the streets. She knew a man who froze to death in a Porta Potty in Pueblo as he tried to survive a particularly cold night. "Someone has to die for things to change," she said. "They finally opened the shelters [during extreme weather], but a man had to freeze to death."

She paused, eyes heavy but fierce. "You're gonna die in your sleep," she imagined someone saying. "I won't. I'm too powerful. I have trained and honed my body to be a fighting force, and that's why I fight homelessness." Wrexha studies the swollen mark on her thumb, the scar left from the burrowing insect. For her, it is more than an injury — it is proof of what people outside endure unseen. "I can live out here and sleep in a yard and survive the cold night," she said. "That's all I need, thank you." *Courtesy of Denver VOICE / INSP.ngo*

Washtenaw Health Project reports significant drop in marketplace enrollment as premium costs surge

WASHTENAW HEALTH PROJECT

The Washtenaw Health Project reports a sharp decline in health insurance enrollment during the 2026 Health Insurance Marketplace Open Enrollment period, reflecting growing affordability challenges for local families.

WHP assisted 551 individuals in enrolling in Marketplace coverage for 2026 — down from 804 enrollees the previous year, a 31.5% decrease.

While enrollments dropped significantly, the need for help did not. WHP recorded 1,735 client encounters during Open Enrollment, only slightly lower than last year.

"This year, we spent just as much time helping people understand their options," said Jeremy Lapedis, Executive Director. "Many families kept waiting for Congress to lower healthcare costs, but when that didn't happen, they had to walk away because they simply could not afford coverage."

The decline follows the expiration of enhanced Affordable Care Act (ACA) premium tax credits at the end of 2025, which had helped reduce insurance costs for millions. New eligibility restrictions included in H.R. 1 — known as the "One Big Beautiful Bill Act" — also bar permanent residents and work-authorized individuals earning under 100% of the Federal Poverty Level ($15,650 annually for an individual) from subsidies.

Estimates are that ACA health insurance premiums more than doubled across the country for 2026. This mirrors what WHP staff saw, with some seeing premiums increase even more than that. After a modest increase in income, one couple who paid $0 per month for coverage in 2025 was quoted $1,409 per month for 2026 — more than $16,000 annually — along with a $21,200 deductible. Their total potential yearly exposure now exceeds $38,000.

"These are working families who did everything right," said Lapedis. "But healthcare coverage that costs more than their monthly rent isn't realistic."

Statewide, Marketplace enrollment in Michigan fell from 531,083 in 2025 to 497,064 in 2026, a decrease of approximately 6.4%, according to federal data. Nationally, enrollment declined by about 5%, with new enrollment dropping 14%. Early reports suggest higher cancellation and non-payment rates may further reduce coverage numbers in the coming months as premiums come due.

WHP's sharper local decline reflects the disproportionate impact of subsidy changes on lower-income populations and immigrant communities in Washtenaw County.

Although fewer residents ultimately enrolled, many sought guidance in evaluating options, understanding eligibility changes, and weighing difficult financial decisions.

"We are seeing people forced to choose between health insurance — accessing medical care and their prescriptions, essentially — and other basic necessities," said Lapedis. "The need for trusted, community-based enrollment support remains critical."

WHP continues to provide free, unbiased enrollment assistance to approximately 8,000 residents of Washtenaw County year-round. For help with health coverage options, visit WashtenawHealthProject.org or call 734-544-3030.

Education, conversations on cardiovascular diseases

WILL SHAKESPEARE
Groundcover vendor No. 258

A few months ago, I interviewed a retired University of Michigan doctor and research scientist, Dr. Max Wisgerhof, on the topic of cardiovascular diseases. (He is also a Groundcover volunteer.) His answers to contribute to my ongoing series on community health literacy. This article is a followup to the Groundcover November 28, 2026 article titled, "November is Diabetes Awareness Month." Dr. Max was interviewed and made a huge contribution to our community's understanding of diabetes.

We hope this interview sparks intergenerational conversations on health and wellness across populations and socioeconomic status.

WS: Define Cardiovascular disease.

Dr. Max: Cardiovascular diseases are diseases of: the heart ("cardio") and arteries, blood vessels that carry blood to organs ("vascular").

WS: How is cardiovascular disease connected to type 2 diabetes?

Dr. Max: The high glucose and normal or high insulin in blood vessels in type 2 diabetes, by complex and unknown mechanisms, damage the arteries and the heart, which impairs their function.

Major causes of cardiovascular disease are diabetes mellitus, high blood pressure, high blood cholesterol, abnormal genetics, with family history, body weight and others, known and unknown.

Some major symptoms are pain from insufficient blood supply to the heart and the legs; shortness of breath from damage to the heart; discomfort from infection because of insufficient blood supply to organs like the toes.

The diagnosis is by the primary care physician, using interviews, exams and tests. Treatments for cardiovascular disease are primarily healthy lifestyle, medications and surgery.

WS: Kindly share your knowledge and professional experience on high blood pressure/hypertension with the Washtenaw County community.

Dr. Max: High blood pressure and hypertension are synonymous. High blood pressure has two types: primary and secondary.

Causes for primary high blood pressure are not specifically known, so we treat with the expectation of control of the high blood pressure. Suggested causes and/or aggravation of primary high blood pressure include: abnormal genetics; "high" sodium (salt) intake, as some persons are more sensitive than other persons to sodium; "high" body weight and its distribution; others, including "inactivity."

Causes for secondary high blood pressure are excessive production and effects of hormones, especially from the adrenal gland (aldosterone or other steroids, or noradrenaline); excessive production of a hormone-like substance from a kidney or kidneys, which can cause constriction of smallest arteries (arterioles), which causes high blood pressure; abnormal amounts of other hormones such as thyroid hormone (too much or too little) and, occasionally, estrogens.

Symptoms are the same as above, and other damage to organs from the high pressure in the blood adversely affecting/damaging the organs supplied by the blood.

WS: What are interventions and treatments?

Dr. Max: There are non-specific interventions such as decrease in sodium intake, decrease in body weight, and/or increase in activity. Specific treatment of high blood pressure involves use of medication to decrease volume of blood fluid (diuretics), to decrease arteriole constriction, and to decrease heart rate which, when high, increases blood pressure. Treatment of secondary high blood pressure is to detect the cause, as above, and remove or counter the cause.

FDA approved medications to treat high blood pressure, when prescribed and used as indicated, have greater expectation of benefit than risk of harm. Other treatments have variable certainty of benefit. "Alternative" treatments have less certainty and need to be monitored closely for benefit and for harm.

WS: What do you think about prevention?

Dr. Max: From an early age, achieve and maintain recommended sodium intake, body weight and activity. To detect early onset of high blood pressure, have blood pressure measured by recommended method yearly, or more frequently if increasing.

Cardiovascular disease is a worldwide health issue. The World Health Organization noted that poor people in developing nations have major problems when it comes to access to treatment and prognosis. However, for developed nations such the United States, there have been major improvements in diagnosis, treatment and prognosis of patients with cardiovascular diseases. In fact, there is a better understanding of how the disease happens, why it happens and what is needed to save lives and improve the quality of patients' lives.

Some medical researchers in U.S. universities have suggested that poverty is highly correlated with cardiovascular disease. Major studies done in Detroit and other cities attest to the magnitude of the problems. We also encourage our readers to watch brief YouTube videos which are titled, "Heart and Blood Circulatory System," "Cardiovascular Disease Overview" and "Understanding Cardiovascular Disease: Visual Explanation."

Philosopher-Kings of the American Republic

SCOOP STEVENS
Groundcover vendor No. 638

The Second Amendment of the United States Constitution is the origin of racist police work in America. When the Bill of Rights was ratified on December 15, 1791, the states already had lawful militias. The purpose of the Second Amendment was to ensure that the antebellum slave patrols were armed.

After the Civil War the slave patrols evolved into America's racist police departments. The next phase of the evolution of the police is for them to become philosopher-kings of the American republic. This can be accomplished by improving a police officer's education and compensation.

The United States Department of Labor classifies workers into four categories: professionals, skilled tradesmen, technicians and unskilled labor. Police officers are classified as professionals. If police officers are professionals, the education requirement to become a police officer should be comparable to other professions like doctors, lawyers, certified public accountants, etc. A doctor of philosophy should be the requirement to enter the police profession, with the minimum entry age set at 30 years old. The requirement for a philosophy degree specifically, would ensure that all officers would have a background in ethics and critical thinking to assist in moving the profession away from its inherent racism.

In Plato's Republic an elite class of philosopher-kings was tutored from childhood to be the rulers of society. As opposed to this, in the American republic, police officer-philosopher-kings would serve the public out of enlightened self-interest and have a reasonable expectation to be compensated for their service. After this type of education, a police officer's pay should be comparable to other professions that I mentioned earlier. When the police are justly compensated for their service they are less likely to take bribes and pervert justice. After this transition, American society would be better able to make determinations about the role of police in society.

Spelling the Truth

PEDRO CAMPOS
Groundcover vendor No. 652

Truth is light. But light does not eliminate darkness; it reveals it.

If truth makes life better, it is not because it guarantees comfort. It is because it makes cooperation possible. Civilization is not built on affection. It is built on trust — and trust rests on shared assumptions about reality.

Without a minimum agreement about what is, there is no contract, no science, no journalism, no court, no republic.

But who guards those assumptions? And what happens when they fracture?

When Aristotle defined truth as saying of what is that it is, he was not offering a slogan. He was proposing a discipline. If language detaches from reality, it ceases to orient action. It becomes performance. Or weapon.

Centuries later, René Descartes insisted that clarity requires method. "Cogito, ergo sum" (usually translated as "I think therefore I am") was not bravado; it was procedure. Doubt, for him, was hygiene. How much of our public discourse would survive methodological doubt?

And then Immanuel Kant complicated certainty itself. We do not access the world raw; we perceive through categories. Truth is not naïve transparency — it requires structure. But if structure shapes perception, who shapes the structure?

These are not academic questions. They are civic ones.

Language as action

Language does not merely describe the world. It intervenes in it.

"To say something is to do something," wrote J. L. Austin. Every utterance performs an act. Every sentence rearranges expectations.

For Émile Benveniste, the act of speaking installs both speaker and listener. The moment I speak, I position you. I assign roles.

And Oswald Ducrot argued that every statement orients conclusions — it "imposes certain continuations and excludes others." If so, manipulation is not an anomaly of language. It is a structural possibility within it.

The ethical question is not whether language influences. It always does. The question is whether influence respects the autonomy of the listener. Trust depends on that restraint.

Error, lies and asymmetry

Not every falsehood is a lie.

A mistake belongs to inquiry. A failed hypothesis is the price of discovery. Science advances through error correction — from Isaac Newton to Albert Einstein, truth has expanded without simply discarding its past.

But a lie is different. A lie presupposes knowledge withheld. It creates asymmetry. And asymmetry scales up.

When informational imbalance becomes systemic, trust erodes. When distortion becomes incentive, truth becomes fragile.

Long before digital networks, Francis Bacon warned about the "idols" that distort human understanding — cognitive biases, social pressures, linguistic traps. Error is natural. Deception is cultivated.

In the twentieth century, Michel Foucault described "regimes of truth:" systems in which discourse and power reinforce one another. Truth is not merely discovered; it is administered, circulated, validated.

Who benefits when confusion spreads? Who profits when spectacle replaces verification?

Social media was once hailed as democratizing knowledge. Yet algorithms amplify engagement, not accuracy. Emotion travels faster than correction. Outrage outruns scrutiny. Is misinformation accidental — or incentivized?

Trust cannot survive permanent epistemic turbulence.

Public use of reason

For Kant, enlightenment required the public use of reason — the courage to think and speak openly, accountable to others.

For Karl Popper, knowledge grows through falsifiability. A claim shielded from criticism is not strong; it is brittle.

A healthy republic depends on institutions that can absorb disagreement without collapsing. Courts, universities, journalism, peer review — all presuppose that truth matters more than faction.

What happens when communities retreat into parallel realities? When loyalty replaces verification? When doubt is framed as betrayal?

A republic cannot survive on mutually exclusive facts. Trust is not sentiment. It is infrastructure.

Knowledge as common inheritance

Knowledge is cumulative. It is sedimented effort across generations. No theory appears suddenly. It emerges from observation, experiment, revision.

If knowledge is collectively produced, can it be morally hoarded? When does intellectual property protect innovation — and when does it obstruct the common good?

These are difficult lines to draw. But a free society presumes that citizens have access to the informational conditions necessary for autonomy.

Ignorance is not neutral. It is exploitable. And exploitation corrodes trust.

Interdependence

Some philosophical traditions remind us that the illusion of benefiting from another's harm dissolves upon recognizing interdependence. We are not isolated victories. We are shared consequences.

Trust reflects that interdependence. When one institution lies, others weaken. When one actor distorts, the network absorbs the cost.

A society does not collapse in a single dramatic moment. It erodes sentence by sentence.

The cost of thinking

Thinking is labor. It requires attention in an age designed to fragment it. There is no shortcut to understanding. No capsule of comprehension.

The scientific method — procedural, slow, self-correcting — lacks spectacle. It is patient. It depends on criticism, replication, transparency.

Yet no alternative has demonstrated comparable power to reduce collective error. Is that not worth defending?

see **TRUTH** page 16 ➡

The Fisher King (1991)

STEVEN
Groundcover vendor No. 668

Terry Gilliam's fourth movie, "The Fisher King," premiered in September 1991. It was the first he directed that he hadn't written. More sedate in its surrealism than "Brazil" (1985), grounded in real-world New York instead of the fantasy world of "The Adventures of Baron Munchausen" (1988), it is still every bit a Terry Gilliam film. Grossing $72 million worldwide on a $24 million budget, it was considered a hit for Tri-Star Pictures that year and was nominated for five Academy Awards, including Best Actor for Robin Williams and Best Supporting Actress for Mercedes Ruehl, who won the Oscar.

Why write a review of a 35-year-old film? Because its themes of trauma, mental illness, healing and redemption are timeless. On the surface, this seems to be a movie about homelessness and class warfare. When it came out, I was in high school and I absolutely loved it. I've watched it several times over the years, but this most recent watch-through landed very differently for me, now that I have experienced homelessness, been diagnosed with mental illness and have become more aware of the reality of class warfare in our country. It does contain those elements, but they are the framework to hang the Arthurian story of The Fisher King on.

The film draws from this tale of a cursed, wounded king who is healed when Percival sees his humanity and asks the critical question of what ails him. Percival sees him not as a cursed king, but as a man in need of aid. The difficulty of seeing people for who they are, not how they present, challenges pretty much every character in this film. The human need to be seen, the unspoken requirement to be "valid enough" to be seen, rings deep with me now that I have been that unseen guy sitting on the sidewalk.

Gilliam, as usual, weaves threads of metaphor throughout. Pinocchio shows up often in the film, alluding to the journey Jack Lucas (Jeff Bridges) makes from a wooden narcissist to a fully realized, caring, empathetic human. Jack is a broken ex-shock jock working in his girlfriend's video store. Early in the film, Jack has a drunken conversation with a Pinocchio doll, quoting Nietzsche and identifying himself as part of the "bungled and the botched," the expendable masses.

Jack is broken because three years earlier, a caller to his then-hit radio show asked him for advice with a woman the caller had met at a hip new club. Jack rebuffed the caller, calling yuppies sub-human and saying "they must be stopped." The caller went on to open fire on an upscale restaurant, killing six people and himself. Now three years later, Jack is hyper-focused on how the tragedy has affected him. He straps bricks to his legs and drunkenly readies himself to jump into the East River, when he is attacked by a couple of psycho bros who douse him in gasoline to light him on fire. Jack is saved by Parry (Robin Williams) acting as an "errant knight," with help from people who are portrayed as homeless weirdos.

The next day Jack learns Parry's story from a building super who lets Parry live in his boiler room. Parry's real name is Henry Sagan, and he was a college professor dining out with his wife when Jack's shooter attacked, killing her. After a period of catatonia, Henry awakened as Parry, a knight on a quest for the Holy Grail. Jack, gobsmacked by the story, returns home to his girlfriend Anne's (Mercedes Ruehl) apartment above her video store. Ruehl's portrayal of the long-suffering romantic, waiting patiently for Bridges' Jack to figure out his pain, is a shining performance in a film full of dazzling performances.

Jack becomes convinced if he helps Parry he will somehow be absolved of his guilt. He tries giving him money, which Parry promptly gives away. Parry insists he needs Jack to help him retrieve the Grail from a billionaire's house on the Upper East Side. Jack refuses to help Parry break into the mansion, and when he tries to push Parry into seeing "reality," we encounter The Red Knight, a fire-spewing mounted knight, for the first time. This is a trauma-induced hallucination of Parry's, and its design 100% fits Gilliam's brilliant aesthetic.

Jack soon learns that Parry is in love with a woman he doesn't know. They follow her, something Parry has done often. It's presented as romantic, not creepy, a tricky distinction to make through my 2026 lens, but after all, it is a fairy tale. Jack hits upon a plan to try to get Parry the girl, thinking if he does this he might be absolved of his guilt. Jack and Anne contrive to get Lydia, played deftly by Amanda Plummer, into their video store so she and Parry can meet.

During a charming scene of the four main characters having dumplings, Parry and Lydia hit it off. After a sweet end-of-the-date exchange at a door stoop, Parry is again confronted by the Red Knight. He runs panicked through the city, tormented by flashbacks of his deceased wife and his hospitalization; with his too-large suit coat reminiscent of a straitjacket. He ends up on his knees by the river where he rescued

Pinocchio painting Jeff Bridges made and gave to Robin Williams.

Jack, with the Red Knight bearing down on him. Outside his delusion, the two punks who had attacked Jack reappear to attack Parry while he's in his fugue. They beat and cut him, putting him in the hospital.

Not knowing what has happened to Parry and feeling pretty pleased with himself the day after the date, Jack reaches out to his agent looking to revamp his career. He breaks up with Anne to "focus on his career." During the breakup fight, they get a call about Parry in the hospital. He's in a catatonic state that could be permanent, caused by his mental trauma, not his injuries. Jack's shaken, but his career is already reset.

The third act ends with Jack in a meeting for a TV show. The pitch is about some happy-go-lucky homeless guys, and a switch flips in Jack. He goes to see Parry at the hospital. Bridges crushes a heartfelt monologue, explaining to the catatonic Williams about how, if he gets the Grail cup, it will be because he cares about Parry. His arc is complete. He cares about others now.

As I mentioned I've loved this movie since it came out in the 90s. I love it even more now. As a teen and 20-something I loved the craft of the film-making and thought the direction the characters came from was "pretty cool." Watching it now I still, even more so, appreciate the craft of it but now I've met these characters, I've been these characters.

On this rewatch I had, early on, a negative knee-jerk reaction to the portrayal of the homeless people but was quickly dissuaded from this. It's not meant to be a documentary of the plight of the homeless but it does paint a stylized image of what that might look like. Parry's portrayal of a disassociated schizophrenic that is made all better because his delusion is realized does a bit of disservice to our profoundly mentally ill people who don't get an all-better button but again that's not the point. As the saying goes "It's the journey, not the destination." (Someone to help can make all the difference.) It's about all the characters' journeys from broken to less broken. This is a movie about love, redemption and challenging our bougie echo-chamber preconceived notions. Not just homelessness. Not just mental illness.

I found this streaming for free with no ads on Youtube. Absolutely worth a watch.

Charlotte's teriyaki chicken

ELIZABETH BAUMAN
Groundcover contributor

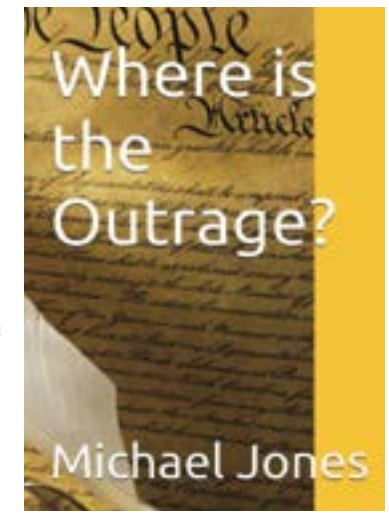
Ingredients:
4 small chicken breasts
½ cup soy sauce
½ cup pineapple juice
4 slices of pineapple
½ cup butter
½ brown sugar
1 to 2 teaspoons water
2 teaspoons corn starch, dissolved in 2 teaspoons cold water
2 cups cooked rice

Directions:

Marinate chicken breasts in soy sauce and pineapple juice for two hours. Broil chicken in the oven until heated thoroughly (about 8 to 12 minutes). Remove chicken from the oven and put pineapple on top of the chicken and broil for 1 more minute. Watch carefully! Melt butter and add a little water. Bring to simmer, do not boil. Slowly add the brown sugar, soy-pineapple marinade and finally the dissolved corn starch, just enough to and allow it to thicken. Simmer for 3 to 4 minutes.

Serve chicken with the pineapple and sauce over cooked rice. A family favorite and very easy to make!

"Where is the Outrage?" in stores now! Schuler Books & Black Stone Bookstore



Mike Jones is a vendor, writer and board member for Groundcover News. He has positively influenced the content of the paper in recent years through his articles and photos. One of Jones' photos was submitted for "Best Photo" in the 2024 International Network of Street Papers Awards. Over the years, he has built a wide support for Groundcover in Ypsilanti and Ann Arbor with consistency and a positive attitude.

This collection is a look into local, non-profit and independent journalism. "From 2022-2025, I have been studying journalism by watching Youtube, attending college classes, conducting interviews, and writing articles. By doing so, I have learned to take a close look at what and where I receive information of any sort. This journal is a reflection of my thoughts and subjects learned thus far in my personal journey in and observation of the field of journalism.

"While pursuing my newfound mission, journalism and reporting the facts, I find it somewhat frustrating to learn the hurtful truth of reality. As I critically analyze society and the direction in which it is headed; it seems we are 'back to the future' like the movie. Time traveling backwards. It feels like we are back in 1950s-60s and God forbid we go back any further.

"Summer 2022, I was walking downtown Ann Arbor while selling Groundcover News when I met a friend of mine and also a writer Jaz Brennan. The first thing she said to me was, 'Where is the outrage!?' referring to the American people's response to the U.S. Supreme Court's ruling on ending the federal right to an abortion June 24, 2022. This decision overturned *Roe v. Wade* decision of 1973.

"From 2022-25, global, political and social landscapes were reshaped by the impact of the COVID-19 pandemic, major geopolitical conflicts, rapid technological advancement, and increasing polarization. Written articles and my thoughts on these issues are expressed in my personal journey in journalism." **$25 Paperback Book**

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➡ **TRUTH** from page 14

The ordinary spell

Not the magic of superstition.
Not the whisper of the occult.
A different spell.
The spell of a word kept.
A promise honored.
A signature respected.
A reputation earned slowly — and lost quickly.
In a family, truth is air.
In friendship, it is a bridge.
In commerce, it is credit.
In science, it is method.
In a republic, it is architecture.
Break enough words, and walls collapse.
Ancient formulas once claimed: I create as I speak. They may not have been entirely wrong.
Every sentence builds or corrodes.
Every claim either strengthens trust or introduces fracture.
Every lie increases entropy in the civic fabric.
The deepest magic is not mystical. It is mutual.
To speak truthfully is to participate in construction.
To lie is to introduce structural stress into a shared world.
A republic cannot normalize lies.
It needs honoured citizens whose words hold.